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PARENT LETTER

PARENT LETTER FOR THE CHILD AND ADULT CARE FOOD PROGRAM  
(CHILD CARE COMPONENT) NON-PRICING PROGRAM (FFY 2010)

Dear Parent or Guardian:

The \_\_\_\_\_ serves nutritious meals without an additional  
(Name of Sponsoring Organization)

charge because the center receives added reimbursement for each child whose household income is at or below the level shown on the household size-income scale below. In order to continue this meal service without an additional charge to you, please complete and return the attached application. This information is kept confidential in our files, and is required to determine the appropriate rate of reimbursement under the Child and Adult Care Food Program. If your income is higher than the amount indicated below for your household size, you do not need to complete the application. Once properly approved for free or reduced price benefits, a household will remain eligible for those benefits for a period not to exceed 12 months.

Household Size	Monthly Income Level (Effective July 1, 2009 to June 30, 2010)
1	\$1,670
2	2,247
3	2,823
4	3,400
5	3,976
6	4,553
7	5,130
8	5,706
For each additional household member add	+577

Households with incomes less than or equal to the reduced-price standards would be eligible for free or reduced price meal benefits. Participants having family members who become unemployed are eligible at the higher rate during the period of unemployment provided that the loss of income during the period of unemployment causes the household income to be within the eligibility guidelines indicated above.

When eligibility is established by household size and income, a complete application must include: (a) names of all household members including the name of the child applicant; (b) social security number of the adult household member signing the application or an indication that the household member does not have a social security number; (c) household income received by each household member identified by source of income; and (d) the signature of an adult member of the household and date signed

When eligibility is established by Food Stamp (FoodShare Wisconsin) case number, FDPIR case number, or W-2 Cash Benefits number, a complete application must include: (a) the name of the child applicant; (b) the appropriate Food Stamp (Food Share Wisconsin), FDPIR or W-2 Cash Benefits case number for the child; and (c) the signature of an adult member of the household and date signed. Eligible W-2 Cash Benefits programs are Trial Job, Community Service Job (CSJ), Caring for a Newborn (CMC) and W-2 Transition (W-2 T). **DO NOT give numbers for Medicaid, SSI, W-2 Child Care Assistance, or Quest Card. A Quest Card contains sixteen digits.**

In certain cases, meals served to foster children are eligible for reimbursement at the free or reduced price rates regardless of the household's income. Households wishing to apply for such benefits for foster children should contact the center. A foster child placed in a home is reported as a household of one on the income statement.

Children's free and reduced price meal eligibility information may be shared with other State agencies and other Child Nutrition Programs without prior notification. If your children's meals are reimbursed at the free or reduced price rate, these children may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (BadgerCare). Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and BadgerCare that your children's meals are eligible for the higher reimbursement rate(s), unless you tell us not to.** Medicaid and BadgerCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. (Filling out the Household Size-Income Statement does not automatically enroll your children in health insurance.) **If you do not want us to share your information with Medicaid or BadgerCare please notify us in writing. Notification will not change whether or not your children's meals are reimbursed.**

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability. To file a complaint of discrimination write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

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Signature of Sponsor Representative

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